



## Blood Donation Camp on 24<sup>th</sup> January 2012

### Registration form (Fax: 04-3988444)

Name: Mr/Mrs/Dr./Ms \_\_\_\_\_

Sex: Male/ Female \_\_\_\_\_ Weight \_\_\_\_\_ Kg Age \_\_\_\_\_ yrs

Place of Work \_\_\_\_\_ P.O.Box: \_\_\_\_\_

Emirates \_\_\_\_\_ Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mob No: \_\_\_\_\_

Email: \_\_\_\_\_ Blood Group: \_\_\_\_\_

In case of Emergency, please provide contact no: \_\_\_\_\_

Any Illness/Allergies \_\_\_\_\_

Current Medication: \_\_\_\_\_

Are you donating for first Time? Yes/No

I am hereby agreeing to donate blood and do not have any objection or issues related to my blood donation at International Modern Hospital

Signature; \_\_\_\_\_

Date: \_\_\_\_\_

ID No: \_\_\_\_\_